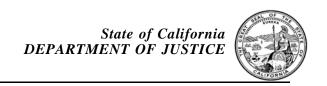
Agency Name: _____



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION

4949 BROADWAY P.O. BOX 903417 SACRAMENTO, CA 94203-4170

Public: (916) 227-3823

APPLICANT SUBMITTING AGENCY REQUEST TO CHANGE: ☐ Agency Name ☐ Agency Address ☐ Change Fax Number to Electronic SMSS for Applicant Responses ☐ Contact Person / Phone Number	
OLD INFORMATION	CURRENT (NEW) INFORMATION
Agency Name:	Agency Address:
Agency Address: Response Fax Number:	Mail Code Number:
Contact Person: REQUESTOR INFORMATION Name:	Agency Name: Mail Code:
Signature:	
Telephone Number:	FOR DOJ USE ONLY: Update Authorized Agency List Update ORI Tables Update RDU Mailing Labels Notify Record Security Notify Field Operations Notify Accounting
Fax number: (916) 227-2000	